



**TORRINGTON PUBLIC SCHOOLS NOTICE AND CONSENT FOR PLACEMENT ON
SECTION 504 AND FOR THE PROVISION OF SECTION 504
ACCOMMODATIONS/SERVICES**

Date: _____

Dear _____

Your child, _____, _____ has been evaluated and has been
(student's name) (DOB)

found eligible under Section 504. Prior to the implementation of Section 504 placement, and the provision of accommodations/services under Section 504 (as described in the Section 504 Plan attached hereto), the district requires your consent.

PARENTAL CONSENT

I give my consent for the Torrington Public Schools to place my child on a Section 504 plan as described in the Section 504 Plan attached hereto). I understand that this consent may be revoked at any time.

Parent/Guardian Signature

Date

I do not give my consent for the Torrington Public Schools to provide the accommodations/services described in the Section 504 Plan attached hereto.

Parent/Guardian Signature

Date

Included with this form are:

- The Section 504 Plan developed at the Section 504 meeting on _____.
- Your Notice of Rights Under Section 504.